Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Anthony Buchanan	M M / D D / Y Y Y Y
Mailing Address 1090 McHone Rd	06 30 2014 Amount
City State Zip Code	7.50
Spruce Pine NC 28777	Transaction ID: c0d82d76-ac54-4058-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 30 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Belinda Blake	Date of Public Distribution/Dissemination
	06 30 2014
Mailing Address 7214 Duchamp Dr.	Amount
City State Zip Code	40.00
Char NC 28215	Transaction ID: 47d640b0-c69c-43fe-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 30 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	47.50
(a) SOBTOTAL OF ROTHERON INDOPONDENT EXPENDITURES	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
24.0	7 01 2014
Signature	

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Belinda Blake	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr.	ount
City State Zip Code	9.90
Char NC 28215 Tra	Insaction ID : bed1aa5c-2394-4080-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Me Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Steven Jean	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave	nount
City State Zip Code	20.00
	nsaction ID: 53c140c6-e0b0-41d7-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 06
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	•
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	29.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y O Y O Y O Y O Y O Y O Y O
Signature	

PAGE 2

OF

Schedule E)	DENT EXICIO	TIONES	PAGE 3 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			06 30 2014
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	4.20
Winston Salem	NC	27105	Transaction ID : 8cdf3fe6-e915-4148-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ky Broussard			06 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 301 N Cedar Street			Amount
City	State	Zip Code	27.50
Abbeville	LA	70510	Transaction ID: 1054c6cf-338b-4346-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 30 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		31.70
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures)
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 😈			

Schedule E)	VI EXI EIVE	TI OILO		PAGE 4 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ky Broussard			06	30 / 2014
Mailing Address 301 N Cedar Street			Amount	
City	State	Zip Code		1.80
Abbeville	LA	70510		0: 1e0c9146-35d4-4e6d-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, ,	37997.51	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ms. Chassidy Menard			06	30 / 2014
Mailing Address 515 Walter Dr.			Amount	
City	State	Zip Code		20.00
Lafayette	LA	70507		: 3fb9c9b4-9e02-4ab6-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 /	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	37997.51	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditu	res			21.80
			7	
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 01	2014
- 9				

Schedule E)	LIVI EXI LIVE	TIONES	PAG FOR	E 5 OF 29 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distr	ribution/Dissemination
Lorri Anderson				30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		45.00
Charlotte	NC	23215	Transaction ID : 68 Date of Disbursement	84cee1c-e656-4f1f-8 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		30 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	use District: 00
Ms. Kay Hagan		X Oppose	President X Se	nate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	137752.80	Disbursement For: 2014 Other (specify)	Primary General •
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Lorri Anderson				30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		9.00
Charlotte	NC	23215	Transaction ID : 920 Date of Disbursement	cbb77d-8a82-41e5-a ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		30 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Kay Hagan		Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement For: 2014 Other (specify)	Primary X General ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures			54.00
			7	7
(b) SUBTOTAL of Unitemized Independent Exp	enditures)	7 7
(c) TOTAL Independent Expenditures			•	- Apr. - Apr.
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 01 /	2014
Gignature				

Schedule E)	IN EXILIN	DITOTILO	PAGE 6 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Branson Cambre			06 30 2014
Mailing Address 117 Middleburg Dr.			Amount
City	State	Zip Code	25.00
Lafayette	LA	70508	Transaction ID : 49c8122c-b4ee-4aea-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Branson Cambre			06 30 7 2014
Mailing Address 117 Middleburg Dr.			Amount
City	State	Zip Code	16.80
Lafayette	LA	70508	Transaction ID: 4853043f-b2f0-40d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 30 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	37997.51	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		41.80
			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			·
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 01 2014
Signature			

Schedule I	E)	DEITT EXI EITD			PAGE 7 OF 29 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
					0 000000.00
Check if	24-hour report X 48-hour repor	t New rep	oort Amends repo	ort filed on	M / D D / Y = Y = Y
	e of Payee			Date of	of Public Distribution/Dissemination
	a Barrette			ТМ	06 30 2014
Mailing Ad	ddress 724 Harris Avenue			Amour	nt
City		State	Zip Code	<u> </u>	40.00
Harahan		LA	70123		action ID: b3ca340f-4d62-4ce4-a of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	: House District: 00
Ms. Mary	L Landrieu		Oppose	Preside	
	ndar Year-To-Date Election for Office Sought		37997.51	Disbursement 2014	, ,
	e of Payee				ther (specify)
	Barrette				of Public Distribution/Dissemination
Mailing A	ddress 704 Harria Avanua			<u> </u>	06 30 2014
	724 Harris Avenue			Amou	nt
City		State	Zip Code		0.30
Harahan		LA	70123	Transa Date o	ction ID: 15272d99-0188-4726-8 of Disbursement or Obligation
Purpose o Mileage	of Expenditure		Category/ Type 002		06 30 / 2014
	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		Oppose	Preside	ent X Senate State: LA
	ndar Year-To-Date Election for Office Sought		37997.51	Disbursemen 2014 O	t For: Primary X General
(a) SUBTO	DTAL of Itemized Independent Expe	nditures		. •	40.30
(b) SUBTO	OTAL of Unitemized Independent Ex	penditures		· •	
(c) TOTAL	Independent Expenditures			.	7 1 7 1 7
with, or at	alty of perjury I certify that the inde the request or suggestion of, any c nittee) any political party committee	andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	01 2014
Signatu	re				

Sch	nedule E)	EXI EIIDI	101120				PAGE 8 FOR SE OF		29 48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION		
W	omen Speak Out PAC					С	C00530766		
OI						M = M /	D D /	Y Y Y	Y
_		X New repo	ort Ame	enas repo	rt filed on				
	Full Name of Payee Mr. Alex Peyton				Dat	te of Public	c Distribution/	Disseminati 2014	
	Mailing Address 859 Hicks Rd				Am	ount			
-	City	State	Zip Code					50.	.00
- 1		LA	70589				ID: 08609f0aursement or C	-5603-4d4b	
	Purpose of Expenditure Salary		Category/ Type	001		06	30	2014	Y
ı	Name of Federal Candidate		s	Support	Office Sou	ıght:	House	District:	00
	Ms. Mary L Landrieu)ppose	Pres	sident	X Senate	State:L	_A
	Calendar Year-To-Date Per Election for Office Sought		37997.51		Disbursem 2014	nent For: Other (sp	Primary pecify) ▶	X Ger	neral
Γ	Full Name of Payee				Da	te of Public	c Distribution/	'Disseminati	ion
1	Mr. Alex Peyton					M M M M	30	2014	Y
ŀ	Mailing Address 859 Hicks Rd					00	00	2014	-
1					Am	ount			
ŀ	City	State	Zip Code					17.7	0
	Washington	LA	70589		Trar Da	nsaction III te of Disbu	D: bb746411 -ursement or C	- 6e5a-4cd6 - Obligation	-8
	Purpose of Expenditure Mileage		Category/ Type	002		06	30	2014	Y
	Name of Federal Candidate			Support	Office Sou	ught:	House	District:	00
	Ms. Mary L Landrieu		X	Oppose	Pres	sident	Senate	State:L	_A
	Calendar Year-To-Date Per Election for Office Sought		37997.51		Disbursen 2014	nent For: Other (sp	Primary Decify) ►	Ge	neral
]
(8	a) SUBTOTAL of Itemized Independent Expenditures				•	7	7	67.70	
(k	b) SUBTOTAL of Unitemized Independent Expenditure)S			•				
(0	>) TOTAL Independent Expenditures				•				
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its age	or authorized							
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 07	/ 01	/ Y Y 201	4	
	Signature		_						

Schedule E)	PAGE 9 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00000.33
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee David Ford	of Public Distribution/Dissemination
	06 30 2014
Mailing Address 106 Hillside St Amount	nt
City State Zip Code	55.00
Spindale NC 28160 Trans	action ID: 08349ceb-55a4-48f0-9
Purpose of Expenditure Category/	of Disbursement or Obligation
Salary Type 001	06 30 2014
Name of Federal Candidate Support Office Sough	t: House District:00
Ms. Kay Hagan Preside	ent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 137752.80 Disbursement 2014	t For: Primary General
o Circle Cought	ther (specify) -
David Ford	of Public Distribution/Dissemination
Madition Adults and	06 30 2014
Mailing Address 106 Hillside St Amou	nt
City State Zip Code	4.65
Spindale NC 28160 Transa	oction ID: 3440f9e8-d301-40bb-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ O02	I I M / D I D / Y I Y I Y
Type	06 30 2014
Name of Federal Candidate Support Office Sough	
Ms. Kay Hagan Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2014	
V of Elocation is: Simos Soughi	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	59.65
(a) CODICINE OF HOMEON Experiment Experiment	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2014

	,		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC I	DENTIFICATIO	N NUMBER ▼
vvome	n Speak Out PAC	С	C00530766	
Check if	24-hour report	M = M	/ D D /	Y = Y = Y = Y
Full N	ame of Payee Date	of Publ	ic Distribution/	Dissemination
	ven Best	M _ M _ 06	30	2014
Mailin	Address 103 Washington Ave Amo	unt		
City	State Zip Code			50.00
Newp	ort NC 28570 Tran		ID: 001da732 oursement or C	-5ae7-4088-b
Purpo: Salar	e of Expenditure	M	30	2014
Name	of Federal Candidate Support Office Soug	ht:	House	District: 00
Ms. K	ay Hagan		Senate	State: NC
	alendar Year-To-Date er Election for Office Sought Disburseme 2014		Primary	X General
			pecify)	
Stev	ren Best Date	M = M	lic Distribution/	Y Y Y Y Y
Mailin	g Address 103 Washington Ave Amo	06 unt	30	2014
City	State Zip Code			4.56
Newp	ort NC 28570 Trans		ID: 8a6638cb- oursement or C	56bf-47fe-9
Purpo Milea	se of Expenditure	M 06	30	2014
Name	of Federal Candidate Support Office Soug	ıht:	House	District:00
Ms. K	ay Hagan Oppose Presi	dent	Senate	State: NC
	alendar Year-To-Date er Election for Office Sought Disburseme 2014		Primary	X General
(a) SU	BTOTAL of Itemized Independent Expenditures		7	54.56
(b) SU	BTOTAL of Unitemized Independent Expenditures		7	
(c) TO	AL Independent Expenditures		1 1 7	
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (immittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 07	01	201	4
Sign	ature		نسا ١	

PAGE

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Schedule E)	INT EXILEND	1101120		PAGE 11 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000.55
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Erika Burfield			Date of	Public Distribution/Dissemination
				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2939 Country Club Drive			Amount	
City	State	Zip Code		25.00
Hampstead	NC	28443		ction ID : 82006a28-a680-49ad-b
Purpose of Expenditure Salary		Category/ Type 001	М	Disbursement or Obligation M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	NO.
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement 2014	
Full Name of Payee	,			ner (specify) ▶
Erika Burfield			M	M / D D / Y Y Y Y
Mailing Address 2939 Country Club Drive				06 30 2014
2000 00011117 0100 011110			Amoun	t
City	State	Zip Code		3.60
Hampstead	NC	28443	Transac Date of	tion ID : 4e311f6d-0700-4b7f-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		6 30 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement 2014 Oth	For:
•				
(a) SUBTOTAL of Itemized Independent Expendent	tures		•	28.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	9 07	01 2014
Signature		_		

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 12 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	75.00
Charlotte	NC	28211	Transaction ID : 562280bc-35d8-4099-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	137752.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	1.80
Charlotte	NC	28211	Transaction ID : 663d5e5c-cea1-4fc3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 30 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		76.80
(b) SURTOTAL of Unitamized Independent Eve	ondituros		
(b) SUBTOTAL of Unitermized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 01 7 2014
•			

Sc	hedule E)			PAGE 13 OF 29 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report New rep	port Amends repo	rt filed on	/ D=D / Y=Y=Y=Y
_				
	Full Name of Payee Mr. Michael Vidrine		Date of Pu	blic Distribution/Dissemination 7 30 2014
	Mailing Address 458 Hebert Rd		Amount	
ŀ	City State	Zip Code		51.00
	Palmetto LA	71358		on ID: 3fc4e8b9-a411-4139-9 sbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M M	30 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	37997.51	Disbursement For 2014 Other	:
Γ	Full Name of Payee		Date of Pu	ublic Distribution/Dissemination
1	Mr. Michael Vidrine		M M M	30 / 2014
ľ	Mailing Address 458 Hebert Rd			
1			Amount	
ŀ	City State	Zip Code		29.10
	Palmetto LA	71358		n ÍD : 1d8905fa-1675-4c0b-8 sbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	06	, 30 , X , X , X , Y , Y , Y , Y , Y , Y , Y
ľ	Name of Federal Candidate	Support	Office Sought:	House District:00
ŀ	Ms. Mary L Landrieu	X Oppose	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	37997.51	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures		>	80.10
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		•	7
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	07 / O	
	Signature			

Schedule E)	PAGE 14 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	000000700
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
	Public Distribution/Dissemination
Caleb Craig Mailing Address 1410 Bushville drive	
Amount	
City State Zip Code	20.00
==:::::	tion ID: e05a20fc-e33d-4ada-a Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Kay Hagan Oppose President	
Calendar Year-To-Date Per Election for Office Sought 137752.80 Disbursement F 2014 Other	For: Primary X General er (specify) ▶
	Public Distribution/Dissemination
Caleb Craig	
Mailing Address 1410 Bushville drive Amount	
City State Zip Code	2.10
Date of	ion ID : 51b6a466-5a2f-4454-9 Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Kay Hagan President	t Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2014 Other	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	22.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coo with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	01 2014
Signature	

Schedule E)	INI EXI ENE	ATOTILO	PAGE 15 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			06 30 / 2014
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	20.00
Metaire	LA	70003	Transaction ID: e3628310-78f1-42d6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	37997.51	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			06 30 / Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	0.30
Metaire	LA	70003	Transaction ID : fd2de0a3-a039-4ad4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 30 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	37997.51	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶ 20.30
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 01 7 2014
			

Schedule E)	INI EXI END	TIONES	PAGE 16 OF 29 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Women Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
John Voholetz			06 / 30 / 2014				
Mailing Address 718 N MacMillan Avenue			Amount				
City	State	Zip Code	60.00				
Wilmington	NC	28803	Transaction ID : 527be365-cd22-4944-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
John Voholetz			06 30 7 2014				
Mailing Address 718 N MacMillan Avenue			Amount				
City	State	Zip Code	6.30				
Wilmington	NC	28803	Transaction ID : e2ae0580-9de9-4d32-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	06 30 / Y 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	7	137752.80	Disbursement For: Primary General 2014 General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 66.30				
.,			7				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•				
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·				
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 01 7 2014				
o.g.iataro							

Schedule E)					PAGE 17 OF 29 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24-	hour report X 48-hour report	t New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Ralph Sr					of Public Distribution/Dissemination
·	SS 2090 Fancy Gap Rd			L	06 30 2014
	2000 (4.10) (4.10			Amour	nt
City		State	Zip Code		85.00
Mt. Airy		NC	27030		action ID: 395d9f31-c4dc-4267-b of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M	06 30 / 2014
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hag	an		X Oppose	Preside	NO
	r Year-To-Date tion for Office Sought		137752.80	Disbursement 2014 Of	t For: Primary
Full Name of	Payee			Date of	of Public Distribution/Dissemination
Ralph Sn	nith			M	M / D D / Y Y Y Y
Mailing Addre	ess 2090 Fancy Gap Rd			L	06 30 2014
	2000 Failoy Oup No			Amou	nt
City		State	Zip Code		12.00
Mt. Airy		NC	27030	Transa Date o	ction ID : 464c7818-d3ef-47bc-a of Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002	M	06 / D D D / Y Y Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hag	an		Oppose	Preside	ent Senate State: NC
	r Year-To-Date stion for Office Sought		137752.80	Disbursemen 2014 O	t For:
(a) SUBTOTA	L of Itemized Independent Exper	nditures		•	97.00
(b) SUBTOTA	L of Unitemized Independent Ex	penditures		· •	
(a) TOTAL Inc	Land Typenditure				
(C) IUIAL III	dependent Expenditures			·· •	19. 19. 17.
with, or at the		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Λ	Is. Emily Buchanan	[Electron	nically Filed] Date	e 07	01 2014
Signature					

Sche	edule E)	IXI LIVE	TOTILO				PAGE 18 OF 29 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC						C00530766
							00030700
Check	t if 24-hour report X 48-hour report	X New repo	ort Am	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Fu	Ill Name of Payee				Da	te of Public	Distribution/Dissemination
						06 /	30 / 2014
Ma	ailing Address 102 French Street #3				Am	nount	
Ci	itv St.	tate	Zip Code				10.00
		NC	70124				D : ccdc6759-98a5-4a9b-8
	urpose of Expenditure Salary		Category/ Type	001	Da	te of Disbu	ursement or Obligation 2014
Na	ame of Federal Candidate			Cunnart	O#:20 Sou	h4.	House District: 00
	ls. Mary L Landrieu			Support Oppose	Office Sou		House District: 00 Senate State: LA
	Calendar Year-To-Date				Disbursen	<u>, </u>	Primary X General
	Per Election for Office Sought		37997.51		2014	Other (sp	pecify) ▶
	ull Name of Payee Matt Gleb				Da	te of Public	c Distribution/Dissemination
_						06	30 / 2014
М	lailing Address 3815 Robin Road				An	nount	
Ci	ity St	tate	Zip Code		-		10.00
		NC	28513				D: 3b69cedf-8920-4656-a ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		06	30 / 2014
N	ame of Federal Candidate			Support	Office So	ught:	House District:00
M	1s. Kay Hagan		X	Oppose	Pre	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		137752.8	30	Disbursen 2014	nent For:	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures				• •	7	20.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	›				1 1 7	
(c)	TOTAL Independent Expenditures					1 1 4	
with	der penalty of perjury I certify that the independent en, or at the request or suggestion of, any candidate of ty committee) any political party committee or its ager	or authorized					
_	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	o 07	/ D D D 01	2014
	Signature						

Schedule E)	DENT EXICITE	TIONES	PAGE 19 OF 29 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Women Speak Out PAC					
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Matt Gleb			06 30 / 2014			
Mailing Address 3815 Robin Road			Amount			
City	State	Zip Code	0.45			
Ayden	NC	28513	Transaction ID: 6b2d5d5b-92c8-4fec-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	06 30 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	, , ,	137752.80	Disbursement For:			
Full Name of Payee	_		Date of Public Distribution/Dissemination			
Gloria A Krieger			06 30 7 2014			
Mailing Address 1392 Lee Street			Amount			
City	State	Zip Code	10.00			
Ville Platte	LA	70586	Transaction ID : cdf7f373-8209-4a0d-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	37997.51	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expe	nditures		10.45			
			7 7			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>			
(c) TOTAL Independent Expenditures			·			
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			

Schedule	E)	IVI EXI EIVE			PAGE 20 OF 29 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
Full Nar Glori	ne of Payee a A Krieger				of Public Distribution/Dissemination
Mailing	Address 1392 Lee Street			Amour	06 30 2014 nt
City		State	Zip Code		0.30
Ville Pla	atte	LA	70586		action ID: b3a432c9-4ea1-4b75-8 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		06 30 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought	, , , ,	37997.51	Disbursement 2014 Of	t For:
	ne of Payee by Lennox				of Public Distribution/Dissemination
Mailing	Address 2305 Cleary Ave			Amou	06 30 2014
0.1		Otata	7: 0: 1:		40.50
City Metairi	е	State LA	Zip Code 70001		12.50 ction ID : 7af85c39-e51f-47f4-b of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		06 30 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ma	ry L Landrieu		Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought		37997.51	Disbursemen 2014 O	t For: Primary
(a) SUB	TOTAL of Itemized Independent Expenditu	ures			12.80
(b) SUB	TOTAL of Unitemized Independent Expen	ditures		. •	
(c) TOTA	AL Independent Expenditures			•	7 1 7 1 7
with, or a	nalty of perjury I certify that the indepen it the request or suggestion of, any candi nmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	07	01 2014
Signa	ture				

Schedule E)	itti EXI EITI	SHORLS	PAGE 21 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	0.60
Metairie	LA	70001	Transaction ID: b0a9cfe4-1a63-4647-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	28.50
Lafayette	LA	70508	Transaction ID : be52e697-35e4-4934-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 30 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		29.10
, , , , , , , , , , , , , , , , , , , ,			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 01 / 2014

Schedule E)	ENT EXILE	DITORILO	PAGE 22 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			06 30 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	3.96
Lafayette	LA	70508	Transaction ID : 2a77103b-434a-4d2b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matthew Manuel			06 30 7 2014
Mailing Address 1392 Lee Street			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID: 71222df0-0948-44cd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 30 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		43.96
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			>
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

Sch	nedule E)	LXI LIIDI	TOTILO				PAGE 23 FOR SE OF I	OF 2 FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATIO		
W	omen Speak Out PAC					C	C00530766		
Che	ck if 24-hour report X 48-hour report	New repo	ort Ameno	ds repor	t filed on	- M /	D = D /	Y Y Y	Y
1	Full Name of Payee Matthew Manuel					_ M /	: Distribution/D	Y Y Y	
	Mailing Address 1392 Lee Street				Amou	06 nt	30	2014	_
H	City	State	Zip Code					28.2	20
- 1	Ville Platte	LA	70586				D: ddb755cd- rsement or Ob	af0d-43e9-	_
	Purpose of Expenditure Mileage		Category/ Type	002		06 /	30	2014	Y
Ī	Name of Federal Candidate		Supp	port	Office Sough	t:	House D	istrict: 0	0
	Ms. Mary L Landrieu		Х Орр	oose	Preside	ent >	Senate	State: LA	
	Calendar Year-To-Date Per Election for Office Sought		37997.51		Disbursemen 2014 O	t For: ther (sp	Primary ecify) ▶	∑ Gen	əral
	Full Name of Payee Christopher Marquess					of Public	Distribution/E	Dissemination 2014	
	Mailing Address 110 W Pecan St				Amou	nt			_
	City	State	Zip Code			1 (0)		40.00	
	Ville Platte	LA	70586): ac262782-5 irsement or Ol		
	Purpose of Expenditure Salary		Category/ Type	001		06 ^M	30	2014	Y
	Name of Federal Candidate		Sup	port	Office Sough	t:	House D	District: 0	0
	Ms. Mary L Landrieu		🔀 Орр	oose	Preside	ent >	Senate	State: LA	1
	Calendar Year-To-Date Per Election for Office Sought		37997.51		Disbursemen 2014		Primary	X Gen	eral
(a	a) SUBTOTAL of Itemized Independent Expenditures	\$. .			68.20	
(k	b) SUBTOTAL of Unitemized Independent Expenditur	res			.				\Box
(0	c) TOTAL Independent Expenditures				· [- 7			
W	inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized							
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M / 07	01	/ Y Y 2014		
	Signature								

Schedule E)	INI EXI ENL	DITOTILO	PAGE 24 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			06 / 30 / 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	20.70
Ville Platte	LA	70586	Transaction ID : ce0c46f2-4899-4ada-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		37997.51	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			06 30 / Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	40.00
Mandeville	LA	70471	Transaction ID : d5afa52c-2d2c-4278-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 30 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	37997.51	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 60.70
(b) SUBTOTAL of Uniternized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. 3			

Full Name of Payee Jeanne Tribou Mailing Address 22369 Ponderosa Dr. City State Zip Code Mandeville LA 70471 Purpose of Expenditure Mileage Category/ Ms. Mary L Landrieu Support Category/ Ms. Mary L Landrieu Category/ Molic Distribution/Dissemination Transaction ID: 95c4052a-2fc8-413d-4 Date of Disbursement or Obligation Transaction ID: 95c4062a-2fc8-413d-4 Date of Disbursement or Obligation Transaction ID: 95c4062a-2fc8-413d-4 Date of Disbursement or Obligation Transaction ID: 95c4062a-2fc8-413d-4 Date of Disbursement or Obligation	R▼
Check if 24-hour report New report Amends report filed on	
Check if 24-hour report	
Mailing Address 22369 Ponderosa Dr. Amount	Y
Mailing Address 22369 Ponderosa Dr. City State Zip Code Mandeville LA 70471 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive Transaction ID: e5e057eb-df66-433f-Date of Disbursement or Obligation Mo6 / 30 / 2014 Office Sought: House District: Calendar Year-To-Date President Senate State: L Disbursement For: Primary Ger 2014 Other (specify) ▶ Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive Transaction ID: 9bc4062a-2fc8-413d-4 Date of Disbursement or Obligation Mo6 / 30 / 2014 Amount Transaction ID: 9bc4062a-2fc8-413d-4 Date of Disbursement or Obligation Mo6 / 30 / 2014 Namount	on
City State Zip Code Mandeville LA 70471 Purpose of Expenditure Mileage Category/ Mandeville Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Support Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive Amount Amount Amount Category/ Type 002 Office Sought: House District: Company Senate State: Landrieu Disbursement For: Primary Senate State: Landrieu Disbursement For: Primary Senate State: Landrieu Category/ Other (specify) ▶ Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City State Zip Code Spruce Pine NC 28777 Transaction ID: 95c4062a-2fc8-413d-8 Date of Disbursement or Obligation Transaction ID: 9bc4062a-2fc8-413d-8 Date of Disbursement or Obligation Category/ Type 001 Mailing Address 75 Southridge Drive Category/ Type 001 Mailing Address 75 Southridge Drive Category/ Type 001 Mailing Address 75 Southridge Drive	Y
Mandeville LA 70471 Transaction ID: e5e057eb-df66-433f-Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City Spruce Pine NC 28777 Transaction ID: e5e057eb-df66-433f-Date of Disbursement or Obligation Mof / 30 / 2014 Disbursement For: Primary Ger 2014 Other (specify) ▶ Date of Public Distribution/Disseminating Mof / 30 / 2014 Amount Transaction ID: 9bc4062a-2fc8-413d-2 Date of Disbursement or Obligation Transaction ID: 9bc4062a-2fc8-413d-2 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Category/ Type 001 Name of Federal Candidate Category/ Type 001 Name of Federal Candidate Category/ Type 001 Transaction ID: 9bc4062a-2fc8-413d-2 Date of Disbursement or Obligation	
Mandeville LA 70471 Transaction ID: e5e057eb-df66-433f-Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City Spruce Pine NC State Zip Code NC State Zip Code Spruce Pine NC Category/ Type Office Sought: House Disbursement For: Primary Ger 2014 Other (specify) Mailing Address 77 Southridge Drive Transaction ID: 9bc4062a-2fc8-413d-2 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Faderal Coadidate	40
Purpose of Expenditure Mileage Category/ Type 002 Mode 30 2014	b
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City State Zip Code Spruce Pine NC 28777 Disbursement For: Primary Ger 2014 Other (specify) ▶ Date of Public Distribution/Disseminati Mod / 30 / 2014 Amount Transaction ID : 9bc4062a-2fc8-413d-8 Date of Disbursement or Obligation Category/ Type 001 Name of Federal Category/ Type 001 Name of Federal Category/ Type 001	Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City State Zip Code Spruce Pine NC 28777 Category/ Type 001 Senate State: L Disbursement For: Primary Ger Pother (specify) ▶ Date of Public Distribution/Disseminati Mo6 30 4 2014 Transaction ID: 9bc4062a-2fc8-413d-6 Date of Disbursement or Obligation Category/ Type 001 Name of Federal Catefidate	00
Per Election for Office Sought 37997.51 2014 Other (specify) ▶ Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City State Zip Code Spruce Pine NC 28777 Purpose of Expenditure Salary Category/ Type Other (specify) ▶ Date of Public Distribution/Dissemination Amount Transaction ID: 9bc4062a-2fc8-413d-6 Date of Disbursement or Obligation Mod / 30 / 2014	Α
Full Name of Payee Melanie Slagle Mailing Address 77 Southridge Drive City State Zip Code Spruce Pine NC 28777 Purpose of Expenditure Salary Date of Public Distribution/Dissemination Amount Transaction ID: 9bc4062a-2fc8-413d-8 Date of Disbursement or Obligation Category/ Type 001 Name of Enderel Candidate	eral
Mailing Address 77 Southridge Drive City State Zip Code Spruce Pine NC 28777 Purpose of Expenditure Salary Category/ Type 001 Nom M 1 2014 Amount Transaction ID: 9bc4062a-2fc8-413d-6 Date of Disbursement or Obligation M M M 1 30 2014	on
City State Zip Code Spruce Pine NC 28777 Purpose of Expenditure Salary Category/ Type 001 State Zip Code Transaction ID: 9bc4062a-2fc8-413d-8 Date of Disbursement or Obligation Category/ Type 001 Name of Endored Candidate	Y
Spruce Pine NC 28777 Transaction ID: 9bc4062a-2fc8-413d-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type 001 Name of Enderel Candidate	
Purpose of Expenditure Salary Category/ Type Date of Disbursement or Obligation Mod / 06 30 2014	0
Purpose of Expenditure Salary Category/ Type 001 Mo6 2014	3
Name of Federal Candidate Support Office Sought: House District (Y
Jupport Office Jought. Triouse District	00
	C
Calendar Year-To-Date Per Election for Office Sought 137752.80 Disbursement For: □ Primary ☒ Ger 2014 □ Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conceins with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 01 2014	
Signature	

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OF

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 26 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination
Mailing Address 77 Southridge Drive			06 30 2014 Amount
			, and a second
City	State	Zip Code	6.00
Spruce Pine	NC	28777	Transaction ID: a38569db-dce9-4a8c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		137752.80	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			06 30 Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	85.00
Mt. Airy	NC	27030	Transaction ID : 8a231fb5-f111-42cf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	137752.80	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		91.00
,			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
olynature			

Schedule E)	EXI EIVE	101120		PAGE 27 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
	New Tep	Amenda repo	Tt filed off	
Full Name of Payee Ms. Tonya Boyd			M	f Public Distribution/Dissemination M / Public Distribution/Dissemination M / Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd			Amoun	t
City	State	Zip Code		12.00
Mt. Airy	NC	27030		action ID: 85b5c9e8-22a1-4d46-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	37752.80	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Lily Green				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle				30 2011
			Amour	nt
City	State	Zip Code		30.00
Shreveport	LA	71119	Transac Date o	ction ID : 2d2caf43-95c9-4778-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		06 30 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	37997.51	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	42.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 07	01 2014
Signature				

Schedule E)	VI EXI EIVE	ON ONEO		PAGE 28 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Lily Green			M = M	lic Distribution/Dissemination
Mailing Address 205 Medallion Circle			06 Amount	30 2014
City	State	Zip Code		8.10
Shreveport	LA	71119		ID: 7c7e772d-d757-4c09-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 06	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	37997.51	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Darius Beverly			06	30 / Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		45.00
Avondale	LA	70094		ID : ec621fb5-953c-41f3-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	37997.51	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res		· • · · · · · ·	53.10
(b) SUBTOTAL of Unitemized Independent Expend	litures			
				Apr. 100
(c) TOTAL Independent Expenditures			>	79. 75.
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	e 07 01	2014
Signature				

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C C00530766					
	0 20000700				
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y H Y H Y H Y				
Full Name of Payee Me. Dinah Royarly	Date of Public Distribution/Dissemination				
Ms. Dinah Beverly	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 157 Bishop Drive	Amount				
City State Zip Code	45.00				
Avondale LA 70064	Transaction ID : a7bc8028-992b-40d7-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	ee Sought: House District: 00				
Ms. Mary L Landrieu Oppose	President State: LA				
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary General Other (specify)				
Full Name of Payee	Date of Public Distribution/Dissemination				
Ms. Dinah Beverly	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 157 Bishop Drive	Amount				
City State Zip Code	4.44				
Avondale LA 70064	Transaction ID : 7a207cbf-520f-4402-b Date of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	06 / 30 / 2014				
Name of Federal Candidate Support Office	ce Sought: House District: 00				
Ms. Mary L Landrieu Oppose	President State: LA				
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	49.44				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	1356.26				
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
· Bato	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					